05/16/2006 15:10

Image# 26950110330

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Insurance and Financial Advisors Political Action Commit-2901 Telestar Court ADDRESS (number and street) Check if different than previously Falls Church VA 22042 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS NEW **AMENDED** C00005249 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2006 0 4 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Peter C. Browne Type or Print Name of Treasurer Electronically Filed by Peter C. Browne 05 16 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name National Association of Insurance and Financial Advisors Political Action Commit-[®] D " D 0 4 0 1 2006 0.4 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2006 537428.48 January 1 (b) Cash on Hand at 479136.52 Begining of Reporting Period 58348.06 287243.14 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 537484.58 824671.62 6(a) and 6(c) for Column B) 75942.46 363129.50 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 461542.12 461542.12 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 51968.72 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Commit-

tee

Report Covering the Period:

From:

м м 0 4 01

^Y 2 0 0 6

To:

м м 0 4 ^D 3 0

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	tions (other than loans) From: viduals/Persons Other		
	an Political Committees Itemized (use Schedule A)	11900.00	62809.25
(ii)	Unitemized	46448.06	221933.89
(iii)	TOTAL (add Lines 11(a)(i) and (ii)	58348.06	284743.14
(b) Pol	itical Party Committees	0.00	0.00
(su	er Political Committees ch as PACs)al Contributions (add Lines	0.00	0.00
	a)(iii),(b) and (c)) (Carry als to Line 33, page 5)	58348.06	284743.14
	s From Affiliated/Other mmittees	0.00	0.00
3. All Loans	s Received	0.00	0.00
	payments Received To Operating Expenditures	0.00	0.00
(Refund: (Carry T	s, Rebates, etc.) otals to Line 37, page 5) of Contributions Made	0.00	0.00
to Feder	al candidates and Other Committees	0.00	2500.00
	ederal Receipts ds, Interest, etc.)	0.00	0.00
	rs from Non-Federal and Levin Funds		
	Federal Account m Schedule H3)	0.00	0.00
(b) Levi	n Funds (from Schedule H5)	0.00	0.00
(c) Tota	Transfer (add 18(a) and 18(b)).	0.00	0.00
	eceipts (add Lines 11(d), 14, 15, 16, 17, and 18(c))	58348.06	287243.14
	deral Receipts t Line 18(c) from Line 19)	58348.06	287243.14

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	392.46	89494.50
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	392.46	89494.50
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	75500.00	273250.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	50.00	385.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	50.00	385.00
	(add Lines 28(a), (b), and (c))	50.00	383.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	75942.46	363129.50
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	75942.46	363129.50
		70072.70	555129.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	. 58348.06	284743.14
34. Total Contribution Refunds (from Line 28(d))	50.00	385.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58298.06	284358.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	392.46	89494.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	392.46	89494.50

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 50
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
\rangle	National Association of Insurance and Fi	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Michael J. Ables, LUTCF			Date of Receipt
	Mailing Address PO Box 2205			0 4 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: R1610980
	Avila Beach	CA	93424-2205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		420.00	
3.	Full Name (Last, First, Middle Initial) Mr. Paul Adams			Date of Receipt
	Mailing Address 5101 Missy Maric Lane			0 4 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1608629
	Las Vegas	NV	89130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		72.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		288.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Thom E. Beasley			Date of Receipt
٠.	Mailing Address 1103 Dove Rd.			M M / D D / Y Y Y Y
				04 10 2006
	City Jonesboro	State AR	Zip Code 72401-5270	Transaction ID: R1611085 Amount of Each Receipt this Period
			72401-3270	
	FEC ID number of contributing federal political committee.	C		81.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	-
	Primary General	199.193		
	Other (specify)	0 0	297.00	
s	UBTOTAL of Receipts This Page (optional)			258.00
т	OTAL This Period (last page this line number on	lv)		
	The raise choc (act page this line number of	. , ,	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Firtee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett, LUTCF, CEP Mailing Address 280 Hollow Road City Muncy FEC ID number of contributing federal political committee. Name of Employer Self-employed	State PA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Salf-amployed	State NV C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Self-employed 1	State MI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			252.50
Т	OTAL This Period (last page this line number only	Λ)	b	

S

SCHEDULE A (FEC Form 3X)			Llas sanarata sa	hadula(a)	FOR LINE NUMBER: PAGE 8 / 50
	EMIZED RECEIPTS		Use separate so or each category		(check only one)
•••	EMIZED RECEIPTS		Detailed Summa		X 11a 11b 11c 12
Any information period from such Departs and Ctates			unat ba sald ar usar	d by one naron	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and ad	dress of any politica	l committee to s	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
\angle	National Association of Insurance and F tee	·inancial A	dvisors Political i	Action Comm	nit-
A.	Full Name (Last, First, Middle Initial) Mr. Marc A. Bregman	Date of Receipt			
	Mailing Address 2063 Providence Way	04 20 2006			
	City	State	Zip Code		Transaction ID: R1612323
	Lodi	CA	95242		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self-employed	Occupatio Insuranc			- Credit Card
	Receipt For:	1	e Year-to-Date ▼		1
	Primary General			500.00	
	Other (specify)	0 0		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Guy J. Brickman				Date of Receipt
	Mailing Address 12040 Piccadilly PI			04 27 2006	
	City	State	Zip Code		Transaction ID: R1612476
	Davie	FL	33325-5231		Amount of Each Receipt this Period
	FEC ID number of contributing	С		1	250.00
	federal political committee.				- Credit Card
	Name of Employer Self-employed	Occupatio Insuranc			Great Gard
	Receipt For:		e Year-to-Date ▼		1
	Primary General	1 1	1 1 1 1	250.00	
	Other (specify) ▼			250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. C. Robert Brown, Sr., CLU, L				Date of Receipt
	Mailing Address 8675 WestCott				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: R1609850
	Germantown	TN	38138-7738		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	1 1 1 1		62.50
	Name of Employer	Occupatio	n		Payroll Deduction
	Self-employed	Insuranc			
	Receipt For:		e Year-to-Date ▼		1
	Primary General		1 1 1 1	050.00	
	Other (specify) ▼			250.00	
Г					812.50
S	UBTOTAL of Receipts This Page (optional)				012.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 50
ITEMIZED RECEIPTS		or each category of the		(check only one)
TI EIIIIEED TIEGEII TO			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	ly information copied from such Reports and Stator commercial purposes, other than using the r	itements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Michael O. Brown, LUTCF			Date of Receipt
	Mailing Address 6512 Nell 3			04 10 7 2006
	City	State	Zip Code	Transaction ID: R1611501
	Edmond	OK	73013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	040.00	
	Other (specify) 🔻	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) Mr. James A. Buchan, CLU, ChFC			Date of Receipt
	Mailing Address 5716 W. Orlando Circle	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1611218
	Broken Arrow	OK	74011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	261.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mark A. Chandik, CLU, ChFC			Date of Receipt
	Mailing Address 42 Ritz Cove Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1610324
	Dana Point	CA	92629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		208.00	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	_
	Primary General	33. 394.0		
	Other (specify) ▼		832.00	
	IJPTOTAL of Doccinto This Docc (antique!)			328.00
L	UBTOTAL of Receipts This Page (optional)		······	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 50
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	w information copied from such Reports and Sta	tomente may	y not be sold or used by any perso	
or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Clark, CLU, ChFC			Date of Receipt
	Mailing Address 1603 22nd St Ste 202			04 10 2006
	City	State	Zip Code	Transaction ID: R1611492
	West Des Moines	IA	50266-1410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		040.00	1
	Other (specify)		240.00	
В.	Full Name (Last, First, Middle Initial) Mr. Sam J. Cunningham, CLU, ChFC,			Date of Receipt
	Mailing Address 190 Lily Ln			M M / D D / Y Y Y Y
	City	State	Zip Code	0 4 2 7 2 0 0 6 Transaction ID: R1612460
	Greenbank	WA	98253-6203	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	Check
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Vincent M. D'Addona, CLU, ChFC			Date of Receipt
•	Mailing Address 141 Greenway Road			M M / D D / Y Y Y Y
	·			04 10 2006
	City	State	Zip Code	Transaction ID: R1611626
	Lido Beach	NY	11561-4828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		240.00	1
	Other (specify)		340.00	1
	LIPTOTAL of December This Procedure			645.00
	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 50
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δ.	winformation conicd from such Departs and Ctat	amanta may	, not be cold or used by any neve	13 14 15 16 17
or	y information copied from such Reports and State for commercial purposes, other than using the na	ime and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\angle	National Association of Insurance and Fi tee	nancial Ad	dvisors Political Action Com	mit-
A.				Date of Receipt
	Mailing Address 1420 Primrose Road N.V	۷.		04 10 2006
	City	State	Zip Code	Transaction ID: R1611529
	Washington DC FEC ID number of contributing federal political committee.		20012-1224	Amount of Each Receipt this Period
				135.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		540.00	1
	Other (specify) ▼	0 0	540.00	
Б	Full Name (Last, First, Middle Initial)			Date of Bassist
В.	Mr. Paul R. Decker, CLU, ChFC Mailing Address Box 1832			Date of Receipt
	Mailing Address Box 1032			04 10 2006
	City	State	Zip Code	Transaction ID: R1611761
	Idaho Falls	ID	83403-1832	Amount of Each Receipt this Period
	FEC ID number of contributing	C		50.40
	federal political committee.			
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	201.60	1
	Other (specify) ▼		201.00	
С.	Full Name (Last, First, Middle Initial) Mr. Joseph M. Dipaola			Date of Receipt
	Mailing Address 7440 S. Wolfe St.			M M / D D / Y Y Y Y
				04 14 2006
	City	State	Zip Code	Transaction ID: R1612143
	Littleton	CO	80128-2521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
	IIRTOTAL of Receipts This Page (entianel)			435.40
\vdash	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number on	lv)	l	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any in or for	nformation copied from such Reports and State commercial purposes, other than using the na	ements may ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1	AME OF COMMITTEE (In Full) ational Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-
FL M M M M M M M M M M M M M M M M M M M	ull Name (Last, First, Middle Initial) r. Jeffrey C. Dollarhide, CFP, CLU ailing Address 9646 E Laurel Lane ity cottsdale EC ID number of contributing deral political committee. ame of Employer elf-employed eceipt For: Primary General Other (specify) ▼ ull Name (Last, First, Middle Initial) r. Lyle Domenitz ailing Address 8720 Maggie Ave	State AZ C Occupation Insurance Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FE fe Na Se	as Vegas EC ID number of contributing deral political committee. ame of Employer elf-employed ecceipt For: Primary General Other (specify)	Occupation Insurance	89143	Transaction ID: R1608827 Amount of Each Receipt this Period 50.40 Payroll Deduction
C. M. M. Ci	ull Name (Last, First, Middle Initial) r. Matthew Edelstein, CLU,ChFC ailing Address 34158 Lavender Circle ity irayslake EC ID number of contributing deral political committee. ame of Employer elf-employed eceipt For: Primary General Other (specify)	State IL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUB	STOTAL of Receipts This Page (optional)			658.90
тот	AL This Period (last page this line number on	lv))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Itee	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Sol Edelstein, LUTCF Mailing Address 2706 Avenue N City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State NY C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	7 iggi ogalic	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Donald A. Eichelberger Mailing Address 3217 Highway D65 City Dysart	State IA	Zip Code 52224-9750	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		Payroll Deduction
	Full Name (Last, First, Middle Initial) Mr. M. Jay Einstein, CLU Mailing Address 59 Margarete Dr. City Pittsgrove FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NJ C Occupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			372.40
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 50
TEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	l Cinonsial A	dvicere Political Astica Ossa	m it
National Association of Insurance and tee	ı Fınancıal A	uvisors political action com	mit-
Full Name (Last, First, Middle Initial)			
Mr. Byron Hyatt Erstad, Jr. Mailing Address - OF 10 C Newtyplact Wa			Date of Receipt
Mailing Address 2510 S Nantucket Wa	У		04 10 2006
City	State	Zip Code	Transaction ID: R1611488
<u>Boise</u>	ID	83706-5095	Amount of Each Receipt this Period
FEC ID number of contributing	C		50.40
federal political committee.			Paymall Deduction
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼		201.60	
Full Name (Last, First, Middle Initial) 3. Joseph S. Fejes, LUTCF			Date of Receipt
Mailing Address 4111 Turnberry Dr			M " M / D " D / Y " Y " Y " Y
011	0	7' 0 1	04 24 2006
City Champaign	State II	Zip Code 61822	Transaction ID: R1612377
FEC ID number of contributing	15	01022	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer	Occupation	n	Check
Name of Employer Self-employed	Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General		250.00	1
Other (specify)			1
Full Name (Last, First, Middle Initial)	1		
Mr. H. Larry Fortenberry, CPA,CLU,Ch			Date of Receipt
Mailing Address 603 Gordon PI			04 10 2006
City	State	Zip Code	Transaction ID: R1611371
Madison	MS	39110-9799	Amount of Each Receipt this Period
FEC ID number of contributing	C		52.50
federal political committee.			Payrell Deduction
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
Primary General	Aggregate	e Teal-lo-Dale ▼	1
Other (specify) ▼		210.00	
CIRTOTAL of Possints This Page (anticart)			352.90
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last page this line number	only)		

SCHEDU	ILE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 15/50
	D RECEIPTS		or each category of the	(check only one) X 11a 11b	☐ 11c ☐ 12
			Detailed Summary Page	13 14	15 16 17
Any information or for comme	on copied from such Reports and Sta	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soli	iciting contributions n such committee.
	COMMITTEE (In Full)	,	,,		
1	Association of Insurance and F	inancial A	dvisors Political Action Com	mit-	
	(Last, First, Middle Initial) nce J. Fowler, Jr.			Date of Receipt	
	Idress 481 Route 82			⊣	D / Y Y Y Y
		Ctata	7in Code	04 1	
City Oakdale		State CT	Zip Code 06370-1149	Transaction ID: Amount of Each F	Receipt this Period
	umber of contributing			7 IIII GAILE GI ZUGITI	105.00
federal po	litical committee.	С			
Name of E Self-emple	Employer oved	Occupation		Payroll Deductio	n
		Insurance			
Receipt Fo		Aggregate	e Year-to-Date ▼		
	er (specify) 🔻	0 0	420.00		
Full Name	(Last, First, Middle Initial)			+	
3. Mr. Thoma	s E. Fowler, CLU, LUTCF			Date of Receipt	
Mailing Ac	Idress 13243 S.E. 51st Place			0 4 1	
City		State	Zip Code	Transaction ID:	R1611159
<u>Bellevue</u>		WA	98006	Amount of Each F	Receipt this Period
	umber of contributing litical committee.	C			107.50
				Payroll Deduction	ın .
Name of E Self-emple	Employer byed	Occupation Insurance		l ayron boddono	•••
Receipt Fo	or:		e Year-to-Date ▼	-	
Prim	nary General		430.00	1	
Othe	er (specify) 🔻	0 0	430.00		
	(Last, First, Middle Initial)			Date (D. 11)	
Mr. Peter F Mailing Ac	Fulchiron, CLU, LUTCF Idress 411 San Andreas Drive			Date of Receipt	D / Y Y Y Y
	TIT Gan Andreas Dilve			0 4 1	0 2006
City		State CA	Zip Code 94945-1237	Transaction ID:	
Novato FEC ID no	umber of contributing		94940-1207	Amount of Each F	Receipt this Period
	litical committee.	C			208.00
Name of E	mployer	Occupation	n	Payroll Deductio	n
Self-emplo		Insurance			
Receipt Fo		Aggregate	e Year-to-Date ▼	. [
	er (specify) \blacktriangledown		832.00		
SUBTOTAL	of Receipts This Page (optional)				420.50
TOTAL This	s Period (last page this line number or	nlv)			
	(۲ ۱۱۱۱ ۱۱۱۱ ۱۱۱۱۱ ۱۱۱۱۱	··· , / ··············	······································		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 50
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12
Δ,	ay information against from such Poports and State	monte may	not be cold or used by any perc	13 14 15 16 17
or	ny information copied from such Reports and State for commercial purposes, other than using the na	me and add	lress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fire	nancial Ac	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Jason M. Garman			Date of Receipt
	Mailing Address 1103 Bear Cub Ct.			04 10 2006
	City	State	Zip Code	Transaction ID: R1608686
	Henderson	NV	89012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
Salf-amployed 1		Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		201.60	1
	Other (specify) ▼		201.60	
_	Full Name (Last, First, Middle Initial)			8. (8.)
В.				Date of Receipt
	Mailing Address 900 Rockhurst Drive			04 10 2006
	City	State	Zip Code	Transaction ID: R1611632
	Lincoln	NE	68510-4114	Amount of Each Receipt this Period
	FEC ID number of contributing	С		62.50
	federal political committee.			
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Cultin (openity)	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Terry K. Headley, LUTCF, LIC			Date of Receipt
Ο.	Mailing Address 20704 Meadow Ridge Dr.			M M / D D / Y Y Y Y
				04 10 2006
	City	State	Zip Code	Transaction ID: R1610058
	Springfield	NE	68059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.00
	Solt omployed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify) ▼		832.00	1
s	UBTOTAL of Receipts This Page (optional)			320.90
ιT	OTAL This Period (last page this line number only	/)		

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any infor	rmation copied from such Reports and Star mmercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
1	E OF COMMITTEE (In Full) onal Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-
Full N Mr. Jo Mailir City CED FEC feder Name Self-6	DARBURG ID number of contributing al political committee. e of Employer employed ipt For: Primary Other (specify) Goseph A. Herkert, Middle Initial) DARBURG DARBURG DARBURG Other (specify) General Other (specify)	State WI C Occupation Insurance Aggregate		Date of Receipt M M J D D J Z D D G Transaction ID: R1611401 Amount of Each Receipt this Period 51.00 Payroll Deduction
Mr. R Mailir City Linc FEC feder Name Self-e	Name (Last, First, Middle Initial) Robert J. Hollander, LUTCF Ing Address 904 Rockhurst Dr. OIn ID number of contributing al political committee. e of Employer employed sipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Mr. R Mailir City Las FEC feder. Name Self-e	Name (Last, First, Middle Initial) lichard L. Hoover, LUTCF, RIA ling Address 2920 S. Jones Blvd., #1 Vegas ID number of contributing al political committee. e of Employer employed lipt For: Primary ☐ General Other (specify) ▼	State NV C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	PTAL of Receipts This Page (optional)		>	206.40
TOTAL	. This Period (last page this line number or	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	Check only one) X 11a
Ar	ny information copied from such Reports and Statements m	nay not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and a	address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial tee	Advisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Ms. April L. Howard		Date of Receipt
	Mailing Address 3386 Williamsburg	7'- 0-1-	04 10 2006
	City State Boise ID	Zip Code 83706-5320	Transaction ID: R1611101 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.40
	Name of Employer Self-employed Occupation	tion nce Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼ Aggregation	ate Year-to-Date ▼ 201.60	
В.	Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen, LUTCF Mailing Address 190 So. 800 W.		Date of Receipt
			04 10 2006
	City State	Zip Code	Transaction ID: R1610322
	Blackfoot ID	83221-6132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.40 Payroll Deduction
	Name of Employer Occupation Self-employed Insurar	tion nce Agent	ayion Deduction
	- · · · · · · · · · · · · · · · · · · ·	ate Year-to-Date ▼	-
	Primary General Other (specify) ▼	201.60	
<u>С</u> .	Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach, CLU, ChFC		Date of Receipt
	Mailing Address 1358 Ahlrich Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1611187
	Encintas CA	92024-4029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		125.00
	Name of Employer Self-employed Occupation Insurar	tion nce Agent	Payroll Deduction
	Primary General	ate Year-to-Date ▼	
	Other (specify) ▼	500.00	
s	UBTOTAL of Receipts This Page (optional)		225.80
Ţ	OTAL This Period (last page this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
A .	Full Name (Last, First, Middle Initial) Mr. Roy W. Kern, LUTCF,CLTC Mailing Address 3775 West Randall Road City Springfield FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Chercy Mailing Address Unit 9, 10 East St City Providence	State MO C Decupation nsurance Aggregate State RI		Date of Receipt M M M / 10 / 2006 Transaction ID: R1611740 Amount of Each Receipt this Period 60.00 Payroll Deduction Date of Receipt M M / 10 / 2006 Transaction ID: R1611440 Amount of Each Receipt this Period 50.40
	Self-employed Ir	Occupation nsurance Aggregate		Payroll Deduction
3.	Name of Employer Self-employed Ir	State ID Ccupation nsurance Aggregate		Date of Receipt M M / 10 / 2006 Transaction ID: R1611561 Amount of Each Receipt this Period 72.00 Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			182.40
Т	OTAL This Period (last page this line number only))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 50
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
National Association of Insurance and tee	d Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. David M. Koll, LUTCF, CLT			Date of Receipt
Mailing Address 1612 S. 152nd Street			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	0 4 1 0 2 0 0 6 Transaction ID: R1611002
<u>Omaha</u>	NE NE	68144-5121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer	Occupation	n	Payroll Deduction
Self-employed	Insuranc	e Agent	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	330.00	
Full Name (Last, First, Middle Initial) 3. Mr. Richard A. Koob, CLU, ChFC,			Date of Receipt
Mailing Address 301 Frederick Street			04 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1611228
Waukesha	WI	53186-8116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.40
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	Insurance Aggregate	e Year-to-Date V	\dashv
Primary General	1 33 33		1
Other (specify) ▼		201.60	
Full Name (Last, First, Middle Initial) 6. Ms. Iris H. Kuwaye			Date of Receipt
Mailing Address 9 Lei St.			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1612406
Hilo	HI	96720-4202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-employed	Occupation Insurance		Credit Card
Receipt For:		e Year-to-Date ▼	_
Primary General		500.00	1
Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (optional)			655.40
TOTAL This Period (last page this line numbe	er only)		
(.aut page tille ille ille	-··· , / ········		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statement for commercial purposes, other than using the name an	ts may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Financi tee	ial A	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Laster, RHU Mailing Address 1713 Elmhurst Ave City State Nichols Hills OK FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Aggr Primary General	upation	e Agent Year-to-Date ▼	Date of Receipt M M M / 10 2006 Transaction ID: R1611862 Amount of Each Receipt this Period 50.40 Payroll Deduction
3.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence Mailing Address 5553 Peters Drive	0	201.60	Date of Receipt
	City Sta West Bend WI FEC ID number of contributing federal political committee.		Zip Code 53095	Transaction ID: R1610318 Amount of Each Receipt this Period 51.00
	Self-employed Insu		e Agent Year-to-Date ▼	Payroll Deduction
	Self-employed Insu	upation	Zip Code 92630-3307 De Agent Year-to-Date ▼ 500.00	Date of Receipt M M O 6 2006 Transaction ID: R1612089 Amount of Each Receipt this Period 500.00 Check
s	UBTOTAL of Receipts This Page (optional)			601.40
Т	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NU		
	ITEMIZED RECEIPTS		or each category of the	(check only or	· — —
••			Detailed Summary Page	X 11a	11b 11c 12
Δ.	winformation against from such Danarta and Statemen	anto mov	not be cold or used by one pares	n for the number	14 15 16 17
or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contribution	ons from such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and Finantee	ncial Ad	visors Political Action Com	nit-	
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Lawrence E. Lounds			Date of Re	<u>'</u>
	Mailing Address 2477 Valley Oaks Circle			0 4	10 2006
	City S	State	Zip Code		on ID: R1611952
		ΛI	48532		Each Receipt this Period
	FEC ID remarks of a carbolic stice.				
	federal political committee.)		Daywall Da	105.00
	Name of Employer Oct Self-employed	cupation		Payroll De	eduction
	Ins	surance			
		ggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		420.00		
	Other (specify)		0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)				
В.				Date of Re	eceipt
	Mailing Address 98 Tennyson Rd			0 4	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City S	State	Zip Code		on ID: R1610927
	-	31	02888		Each Receipt this Period
	FFO ID work and contribution			7	· · · · · · · · · · · · · · · · · · ·
	federal political committee.	? <u> </u>			50.40
	Name of Employer	ou potion		Payroll De	duction
	Salt-amployed	cupation surance			
			Year-to-Date ▼		
	Primary General	30 0		ı	
	Other (specify) ▼		201.60		
C.	Full Name (Last, First, Middle Initial) Mr. Roosevelt Maske, LUTCF			Date of Re	eceint
J.	Mailing Address 5515 Fairvista Drive			M M /	D D / Y Y Y Y Y
				0 4	10 2006
	,	State	Zip Code	Transaction	on ID: R1611019
	<u>Charlotte</u> N	<u>IC</u>	28269-0633	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee	•			23.10
	federal political committee.				
	Name of Employer Oc	cupation		Payroll De	duction
	Self-employed Ins	surance	Agent		
		ggregate	Year-to-Date ▼		
	Primary General		202.40		
	Other (specify) ▼		202.40		
١	UBTOTAL of Receipts This Page (optional)				178.50
\vdash	ODI OTAL OF RECEIPES THIS FAGE (OPHOHA)		······································		
۱ ـ	OTAL This Period (last page this line number only)		_		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 50 (check only one) X
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and ado	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fintee	ancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Carl James Maus, LUTCF Mailing Address 432 Fort Saratoga City Saint Charles FEC ID number of contributing federal political committee. Name of Employer Self-employed	State MO C Decupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Paul J. McGoldrick, CLU, ChFC, Mailing Address P. O. Box 439 106 Main St City Littleton FEC ID number of contributing federal political committee.	State NH C Description Descrip	e Agent Year-to-Date ▼	Date of Receipt M M Z 8 Z 0 0 6 Transaction ID: R1612507 Amount of Each Receipt this Period 250.00 Check
C.	Name of Employer Self-employed	State SD C Occupation		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	550.40
т	OTAL This Period (last page this line number only))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 50
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	w information copied from such Reports and Sta	temente may	y not be sold or used by any perso	
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Ms. Maryam McMillan-Sweet, LUTCF, RFC			Date of Receipt
	Mailing Address 5500 W. Park Road			04 01 2006
	City	State	Zip Code	Transaction ID: R1612008
	Hollywood	FL	33021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation Insurance		CA
	Receipt For:		Year-to-Date V	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Dennis R. Merideth, CLU, ChFC			Date of Receipt
	Mailing Address 6210 N. Camino Pimeria	a Alta		M M / D D / Y Y Y Y
				04 10 2006
	City	State	Zip Code	Transaction ID: R1611154
	Tucson	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		66.00
	· ·	10		Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		
	Receipt For:		Year-to-Date V	
	Primary General	199.194.11		1
	Other (specify) ▼	0 0	264.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh, CLU, AEP			Date of Receipt
	Mailing Address 3273 Evergreen Road			M M / D D / Y Y Y Y
				04 10 2006
	City	State	Zip Code	Transaction ID: R1611919
	Fargo	ND	58102-1214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	1	Year-to-Date V	_
	Primary General	00 0		1
	Other (specify)		342.00	
				692.00
S	UBTOTAL of Receipts This Page (optional)		······	
_	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 50
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	5 a	aroos or any pomioa committee to	
National Association of Insurance and tee	l Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. James E. Mitchell, LUTCF, CTP			Date of Receipt
Mailing Address 2209 Ontario			M M / D D / Y Y Y Y
City	State	Zip Code	0 4 1 0 2 0 0 6
Bellingham	WA	98226	Transaction ID: R1609638 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer	Occupatio	n	Payroll Deduction
Self-employed	Insuranc		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	
Full Name (Last, First, Middle Initial) Mr. Robert J. Morales, LUTCF, CLT			Date of Receipt
Mailing Address 1125 Wyoming Avenu	ie		04 10 7 2006
City	State	Zip Code	Transaction ID: R1609529
Reno	NV	89503-3342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date V	_
Primary General		240.00	1
Other (specify)	0 0	240.00	
Full Name (Last, First, Middle Initial) Mr. Frank R. Nolimal, CLU, ChFC,			Date of Receipt
Mailing Address 2017 Grafton Ave			0 4 1 0 2 0 0 6
City	State	Zip Code	Transaction ID: R1611836
Henderson	NV	89014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	240.00	
SUBTOTAL of Receipts This Page (optional) .			180.00
ODITINE OF HECEIPIS THIS FAGE (OPHOHAI).			
TOTAL This Period (last page this line number	only)		

SCHE	DULE A (FEC Form 3X)		Llea canarata cahadula(a)	FOR LINE NUMBER: PAGE 26 / 50
	ZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			, ,	13 14 15 16 17
Any info or for co	rmation copied from such Reports and Sta mmercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	E OF COMMITTEE (In Full) onal Association of Insurance and F	inancial A	dvisors Political Action Com	nit-
A. <u>Mr. E</u>	Name (Last, First, Middle Initial) trian E. O'Brien, CLU,ChFC,L ng Address 1651 Wolf Run Dr.			Date of Receipt
	g as as 1001 Won Hun Bi.			04 10 2006
City	nfield	State WI	Zip Code 53076	Transaction ID: R1609174
FEC	ID number of contributing ral political committee.	C	33070	Amount of Each Receipt this Period 51.00
	e of Employer employed	Occupation		Payroll Deduction
	· · ·	Insurance		
Hece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	
	Name (Last, First, Middle Initial) ames W. Oglesby, LUTCF			Date of Receipt
Maili	ng Address P. O. Box 7156			04 10 2006
City	311-	State	Zip Code	Transaction ID: R1611755
	eville	NC	28802-7156	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		143.00 Payroll Deduction
Nam Self-	e of Employer employed	Occupation Insurance		1 ayron beduction
Rece	eipt For:		Year-to-Date ▼	
	Primary		572.00	
	Name (Last, First, Middle Initial) oseph S. Pantozzi, CLU, ChFC			Date of Receipt
	ng Address PO Box 95063			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: R1611521
<u>Las</u>	Vegas	NV	89193	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		60.00
Nam Self-	e of Employer employed	Occupation Insurance		Payroll Deduction
Rece	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	
SUBTO	DTAL of Receipts This Page (optional)			254.00
TOTAL	. This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 27 / 50 (check only one)
	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۷.	Full Name (Last, First, Middle Initial) Mr. Barton C. Pasco, CLU, ChFC,			Date of Receipt
	Mailing Address 309 Running Cedar Lan	04 10 2006		
	City Richmond	State VA	Zip Code 23229	Transaction ID: R1611588 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 205.00	
3.	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney, CLU, ChFC,			Date of Receipt
	Mailing Address 5152 Ellington Court	04 / 10 / 2006		
	City Granite Bay	State CA	Zip Code 95746-7188	Transaction ID: R1611013
	FEC ID number of contributing federal political committee.	C	95/46-/166	Amount of Each Receipt this Period 208.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 832.00	
	Full Name (Last, First, Middle Initial) Mr. August P. Richter, IV,LUTCF,			Date of Receipt
	Mailing Address 401 Wild Oak Drive			04 10 7 2006
	City Manitowoc	State WI	Zip Code 54220-9054	Transaction ID: R1609240 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34220 0004	50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 201.60	
SI	UBTOTAL of Receipts This Page (optional)			308.40
T	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 28 / 50		
•			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Bottanou Guillinary i ago	13 14 15 16 17		
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and I tee	Financial A	dvisors Political Action Com	mit-		
Α.	Full Name (Last, First, Middle Initial) Mr. Robert M. Roach, CLU, ChFC			Date of Receipt		
	Mailing Address 1287 Harrison Pond Dri	04 / 10 / Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: R1611233		
	New Albany	OH	43054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		105.00		
	Name of Employer Self-employed	Occupation		Payroll Deduction		
	Receipt For:		e Year-to-Date ▼			
	Primary General		400.00	1		
	Other (specify) ▼		420.00			
В.	Full Name (Last, First, Middle Initial) Mr. Michael Rosenzweig, CLU, ChFC,			Date of Receipt		
	Mailing Address 13 Augusta Lane			0 4		
	City	State	Zip Code	Transaction ID: R1612029		
	Manhasset	NY	11030-3909	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-employed	Occupation		Check		
	Receipt For:	Insurance	e Year-to-Date ▼			
	Primary General	Aggregate	Teal to Bate V	1		
	Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Daniel L. Rust, LUTCF			Date of Receipt		
	Mailing Address 114 W. Arnold	0 4 1 0 2 0 0 6				
	City	State	Zip Code	Transaction ID: R1611051		
	Bozeman	MT	59715-6129	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			60.00 Payroll Deduction		
	Name of Employer Self-employed	Name of Employer Self-employed Occupation Insurance Agent				
	Receipt For:		e Year-to-Date ▼	1		
	Primary General			7		
	Other (specify) ▼		240.00			
Г						
s	UBTOTAL of Receipts This Page (optional)			415.00		
\vdash						

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 50
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
_	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Scholz, CLU, ChFC			Data of Receipt
٦.	Mailing Address 1510 So. 183 Circle			Date of Receipt
	City	State	Zip Code	04 10 2006
	City Omaha	NE	68130	Transaction ID: R1611768 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		62.50
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		511.50	
3.	Full Name (Last, First, Middle Initial) Mr. Walter J. Scott, CLU			Date of Receipt
	Mailing Address 1022 WASHINGTON AV	04 10 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1611180
	OSHKOSH	WI	54901-5354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40 Payroll Deduction
	Name of Employer Self-employed	Occupation		Payron Deduction
	Receipt For:	Insurance Aggregate	e Year-to-Date ▼	-
	Primary General		201.60	
	Other (specify) ▼		201.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Jerry S. Shapiro			Date of Receipt
	Mailing Address 22250 Parched Drive			0 4 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1612325
	Calabasas	CA	91302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)		······	362.90
	,		·	
T	OTAL This Period (last page this line number onl	y)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Filtee	nancial Ad	dvisors Political Action Com	nit-
Full Name (Last, First, Middle Initial) Mr. Darrell W. Shideler Mailing Address 1237 Valley Quail Circle				Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State CA	Zip Code	Transaction ID: R1612132
	San Jose FEC ID number of contributing federal political committee.	C	95120-4143	Amount of Each Receipt this Period 500.00 Check
	Name of Employer Self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate		CHECK
Full Name (Last, First, Middle Initial) Mr. James John Silbernagel, LUTCF Mailing Address W 2329 Capital Drive				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1609754
	Campbellsport	WI	53010-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		rayion beduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 240.00	
) .	Full Name (Last, First, Middle Initial) Mr. Ken Simons, CLU, ChFC, Mailing Address 808 Thoroughbred Lane			Date of Receipt
				04 10 2006
	City Artesia	State NM	Zip Code 88210-2232	Transaction ID: R1611274 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00210 2202	50.10
	Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.40	
s	UBTOTAL of Receipts This Page (optional)			610.10
T	OTAL This Period (last page this line number onl	v)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 50 (check only one) X	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-	
۹.	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith, CLU, ChFC, Mailing Address 22928 San Joaquin Drive			Date of Receipt 0 4 1 0 2 0 0 6	
	Capyon Lake	State CA	Zip Code	Transaction ID: R1611078	
	Canyon Lake FEC ID number of contributing federal political committee.	CA	92587	Amount of Each Receipt this Period 208.00	
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction	
Full Name (Last, First, Middle Initial) Mr. David E. Smithkey, CLU, RFC Mailing Address 9451 Heddy Drive				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1611098	
	Flushing	MI	48433	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		105.00 Payroll Deduction	
	Name of Employer Self-employed	Occupation Insurance		ayron beddenon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00		
) .	Full Name (Last, First, Middle Initial) Mr. Steven M. Springer, LUTCF, CIC			Date of Receipt	
	Mailing Address 1670 North 24th. Street			04 10 2006	
	City	State	Zip Code	Transaction ID: R1609625	
	Ft. Dodge FEC ID number of contributing federal political committee.	C	50501-7917	Amount of Each Receipt this Period 54.00	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 216.00		
s	UBTOTAL of Receipts This Page (optional)			367.00	
T	OTAL This Period (last page this line number on				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 32 / 50 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fir	nancial Ad	dvisors Political Action Com	mit-
۷.	Full Name (Last, First, Middle Initial) Mr. Nicholas John Stosic			Date of Receipt
	Mailing Address 9820 Dixon Lane	Chaha	7in Onda	0 4 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Reno	State NV	Zip Code 89511-9455	Transaction ID: R1611675 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Self-employed *	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	
3.	Full Name (Last, First, Middle Initial) Mr. David L. Stratton, CLU, ChFC,			Date of Receipt
	Mailing Address 13115 Beach Cir.	04 / 10 / Y Y Y Y Y Y		
	City Anchorage	State AK	Zip Code	Transaction ID: R1611544
	FEC ID number of contributing federal political committee.	C	99515-3748	Amount of Each Receipt this Period
	Solf amployed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
— Э.	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton, LUTCF,CSA			Date of Receipt
	Mailing Address 17131 Parkview Dr			04 10 7 2006
	City Morgan Hill	State CA	Zip Code 95037-6606	Transaction ID: R1609513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Self-employed *	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	
S	UBTOTAL of Receipts This Page (optional)	336.00		
_	OTAL This Period (last page this line number only			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 50				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may le and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)		<u> </u>					
National Association of Insurance and Fina tee	ancial Ac	lvisors Political Action Com	nit-				
Full Name (Last, First, Middle Initial) A. Mr. Matthew S. Tassev			Data of Receipt				
Mailing Address 5 Reggio Ave.			Date of Receipt				
	0	7: 0 1	04 10 2006				
•	State ME	Zip Code 04064-2709	Transaction ID: R1612005 Amount of Each Receipt this Period				
FEO ID words on a facultable for			72.00				
federal political committee.	С						
Self-employed	Occupation		Payroll Deduction				
	nsurance		_				
Receipt For: Primary General	Aggregate	Year-to-Date ▼					
Other (specify) ▼		288.00					
Full Name (Last, First, Middle Initial) 3. Mr. Brad Tison, CLU, ChFC,			Date of Receipt				
Mailing Address 3216 Southern Woods Driv	ve		04 10 2006				
City	State Zip Code						
•	IA	50321	Transaction ID: R1609059 Amount of Each Receipt this Period				
FFO ID words or of a satisfication		1 1 1 1 1					
federal political committee.	C		50.40				
Name of Employer O	Occupation	1	Payroll Deduction				
	nsurance						
Receipt For: A	Aggregate	Year-to-Date ▼					
Other (specify)		201.60					
	1 0	<u> </u>	'				
Full Name (Last, First, Middle Initial) 7. Mr. Walter C. Trammell, III,LUTCF			Date of Receipt				
Mailing Address 101 Banfield Court			M M / D D / Y Y Y Y				
City	State	Zip Code	0 4 1 3 2 0 0 6 Transaction ID: R1612125				
	SC	29621-2486	Amount of Each Receipt this Period				
FEC ID number of contributing	С		50.00				
federal political committee.			Check				
Self-employed 1	Occupation		Gleck				
- · · · · · · · · · · · · · · · · · · ·	nsurance Aggregate	Year-to-Date ▼	-				
Primary General	199.094.0						
Other (specify) ▼		250.00					
SUBTOTAL of Receipts This Page (optional)		·····	172.40				
TOTAL This Period (last page this line number only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 50 (check only one) X
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Firtee	nancial A	dvisors Political Action Com	mit-
Α.	Self-employed '	State UT C Occupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼		237.50	
3.	Full Name (Last, First, Middle Initial) Mr. Matthew C. Weider, CLU,ChFC Mailing Address 6855 Compton Heights C City	ircle State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Clifton	VA	20124	Transaction ID: R1608821 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Self-employed *	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 201.60	
D .	Full Name (Last, First, Middle Initial) Mr. Daniel J. Wells, LUTCF			Date of Receipt
	Mailing Address 18830 Los Hermanos Rai	nch Rd		04 / 10 / 2006
	City Valley Center	State CA	Zip Code 92082-6808	Transaction ID: R1609553
	FEC ID number of contributing federal political committee.	C	92002-0000	Amount of Each Receipt this Period 42.50
	Self-employed *	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
s	UBTOTAL of Receipts This Page (optional)			142.90
T	OTAL This Period (last page this line number only	v)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 50				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17				
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)		71					
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-				
Full Name (Last, First, Middle Initial) A. Mr. Daniel J. Wells, LUTCF			Date of Receipt				
Mailing Address 18830 Los Hermanos F	Ranch Rd		M M / D D / Y Y Y Y				
City	State	Zip Code	04 20 2006				
City <u>Valley Center</u>	CA	92082-6808	Transaction ID: R1612322 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer	Occupatio	n	Credit Card				
Self-employed	Insuranc						
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼		220.00					
Full Name (Last, First, Middle Initial) 3. Mr. Leroy L. Wilbers, Jr.			Date of Receipt				
Mailing Address 309 Deerfield PI	04 10 / Y Y Y Y Y Y						
City	State	Zip Code	Transaction ID: R1609709				
Jefferson City	MO	65109	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		126.00				
Name of Employer Self-employed	Occupatio		Payroll Deduction				
Receipt For:	Insuranc	e Agent e Year-to-Date ▼	-				
Primary General	133.73		1				
Other (specify)		504.00					
Full Name (Last, First, Middle Initial) C. Mr. Boyd Lee Williams			Date of Receipt				
Mailing Address 7023 W. Williamette Av	⁄e		04 10 2006				
City	State	Zip Code	Transaction ID: R1609477				
Kennewick	WA	99336-1280	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		105.00				
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction				
Receipt For:		e Year-to-Date ▼	-				
Primary General Other (specify)		420.00	1				
Carior (opeons)		0 0 0 0 0 0 0	1				
SUBTOTAL of Receipts This Page (optional)			281.00				
TOTAL This Period (last page this line number of	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER	PAGE 36/50		
	EMIZED RECEIPTS	(check only one)			
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b	11c 12 15 16 17
۸۰	winformation assign from such Departs and St	13 14			
or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	frict be sold of used by any persolarities to discommittee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and tee	Financial Ad	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Cliff F. Wilson, CLU, ChFC,			Date of Receipt	
	Mailing Address 1458 W. Bahia Court		-	0 4 1 0	2006
	City	State	Zip Code	Transaction ID: F	
	Gilbert	AZ	85233	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			126.00
	Name of Employer Self-employed	Occupation		Payroll Deduction	1
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		504.00	1	
	Other (specify) ▼	ner (specify) ▼ 504.00			
В.	Full Name (Last, First, Middle Initial) Mr. Larry J. Winkelhake, CLU, ChFC			Date of Receipt	
	Mailing Address 18600 Longview Ct	04 10	2006		
	City	Zip Code	Transaction ID: F	11611163	
	Brookfield	WI	53045	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			
	Name of Employer Self-employed	Occupation	1	Payroll Deduction	1
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		360.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Edward A. Zabielski, Jr.			Date of Receipt	
	Mailing Address 104 Clay Ct.			0 4 1 0	
	City	State	Zip Code	Transaction ID: F	11611980
	Landenberg	PA	19350	Amount of Each R	
	FEC ID number of contributing federal political committee.	C			105.00
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:		Year-to-Date ▼		
	Primary General		100.00	1	
	Other (specify) ▼	0 0	420.00		
S	UBTOTAL of Receipts This Page (optional)		321.00		
\vdash	CET CET OF TOO OPTO THIS T age (OPTIONAL)				
_T	OTAL This Period (last page this line number of	only))		11900.00

Image# 26950110366

_	011ED111 E D /EEQ E					
5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE	37 / 50
T	EMIZED DISBURSEMENTS	for each category of the	(check onl	<u> </u>	¬., □	las 🗖 aa
		Detailed Summary Page	X 21b 27	22 23 28b 28b	24 28c	25 26 29 30b
	y Information copied from such Reports and S for commercial purposes, other than using the					
<u> </u>	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Insurance and tee	Financial Advisors Political Act	tion Comm	it-		
	Full Name (Last, First, Middle Initial)			Transaction ID:	D8713	
١.	First Union Bank			Date of Disburser	ment	
	Mailing Address One First Union Cen	ter		0 4 M / D 2	B / Y Y 2	0 0 6
	City	State Zip Code		Amount of Each I	Disbursemen	t this Period
	Charlotte	NC 28288-1164				000.40
	Purpose of Disbursement Bank Charges					392.46
	Candidate Name		Category/ Type			
	Office Sought: House Dis	oursement For:				
	Senate	Primary General				
	President	Other (specify)				
	State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	392.46
TOTAL This Period (last page this line number only)	<u> </u>	392.46

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s))	FOR LINE		₹:	PA	GE 38	/ 50
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	· · · · · · · · · · · · · · · · · · ·							
۸.	Full Name (Last, First, Middle Initial) Brad Miller Congressional Campaign Mailing Address PO Box 20307					action ID: f Disburser	ment	Ž 0 Ŏ	6 Y
		7.0.1							
	•	State Zip Code NC 27619			Amour	nt of Each I	Disburse	ment this	Period
	Purpose of Disbursement Contr. Bradley Miller (NC-13-D-US House)							2500	0.00
	Candidate Name Bradley Miller		ı	tegory/ Type					
		ment For: 2006 Primary General Other (specify)							
3.	Full Name (Last, First, Middle Initial) Brian Bilbray for Congress					action ID: f Disburser			
	Mailing Address 2466 Unicornio St.				0 ^M 4	_		Ž 0 Ŏ	6 ^Y
		State Zip Code			A	t of Cook I	Diah. waa		
		CA 92009			Amour	nt of Each I	Jisburse		
	Purpose of Disbursement Contr. Brian Bilbray (CA-50-R-US							2500	0.00
	Candidate Name Brian Bilbray			tegory/ Type					
	ů X	ment For: 2006 Primary General Other (specify)			House	-Special)			
). D.	Full Name (Last, First, Middle Initial) Campbell for Congress					action ID: I			
	Mailing Address 18004 Sky Park Circle, S	uite 155			0 ^M 4			Ž 0 Ŏ	6 ^Y
	•	State Zip Code CA 92660			Amour	nt of Each I	Disburse	ment this	Period
	Purpose of Disbursement Contr. John Campbell (CA-48-R-US	O/T 02000						2500	0.00
	Candidate Name John Campbell			tegory/ Type					
	ů X	ment For: 2005 Primary General Other (specify)	1		House	-debt-spe	ecial pir	mary)	
S	UBTOTAL of Disbursements This Page (optional) .			▶				7500	.00
T	OTAL This Period (last page this line number only)			•					

	STILLBOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		-OR LI check		IUMBE	:K:			PAGE	= 39/	50
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b	ŕ	22 28a	Х	23 28b	ш.	24 28c	25 29	26 30b
	y Information copied from such Reports and Staten												ns
Or	or commercial purposes, other than using the named NAME OF COMMITTEE (In Full)	le and address of any pointic	ai com	IIII	iillee id	SOIIC	il Contr	ibuti	ons m	om su	CH COH	irriittee	
\rangle	National Association of Insurance and Fin tee	ancial Advisors Politica	l Actio	or	n Com	ımit-							
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: D86	90		
Α.	Campbell for Congress							_	sburs				
	Mailing Address 18004 Sky Park Circle, S	Suite 155					0 ^M 4	М	^D 2	25	' :	žoó	3 [†]
	City	State Zip Code					Amou	int o	f Each	Disbu	ırseme	nt this	Period
	Irvine	CA 92660	1								-	2500.	00
	Purpose of Disbursement Contr. John Campbell (CA-48-R-US			Ů		11		-	-				
	Candidate Name John Campbell				egory/ ype								
	Office Sought: X House Senate President State: CA District: 48	ement For: 2005 Primary X General Other (specify) ▼					House I)	e-de	ebt-sp	ecial	genei	ra-	
	Full Name (Last, First, Middle Initial)						Trans	eacti	on ID	- D86	Q1		
B.	Cathy McMorris for Congress						Date		sburs	ement		YYY	Y
	Mailing Address PO Box 137						0 4		2	2.5		žoó	5
	City Spokane	State Zip Code WA 99210					Amou	int o	f Each	Disb	ırseme		
	Purpose of Disbursement Contr. Cathy McMorris (WA-5-R-US House)				•				•			1000.	00
	Candidate Name Cathy McMorris				egory/ ype								
	Senate X President	ement For: 2006 Primary General Other (specify) ▼											
	State: WA District: 05												
C.	Full Name (Last, First, Middle Initial) Chris Chocola for Congress, Inc.						Trans Date		sburs				
	Mailing Address PO Box 6728						0 ^M 4	М	1	9 /	Y	ž 0 Ď (6 ^Y
	City South Bend	State Zip Code IN 46660					Amou	ınt o	f Each	Disbu	ırseme	nt this	Period
	Purpose of Disbursement Contr. Christopher Chocola (IN-2-R-US					1	L.					2500.	00
	Candidate Name Christopher Chocola				egory/ ype								
	Senate X President	ement For: 2006 Primary General Other (specify)	-1				House	e)					
	State: IN District: 02							-					
s	UBTOTAL of Disbursements This Page (optional)				. 1	<u> </u>	<u>_</u>	_	-			6000.	00
т	OTAL This Period (last page this line number only))			. 1	•	L.						

	Use seperate schedule(s)		k only	NUMBEI	11.		AGL	40 / 50	,
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 <u>`</u>	ıb Ĺ	22 28a	X 23 28b	24 280	, П	25 29	26 30b
Any Information copied from such Reports and Stater									
or for commercial purposes, other than using the name	e and address of any political co	mmuee	to son	on Contri	ibutions	ITOTTI SUCT	COMM	iiilee	
NAME OF COMMITTEE (In Full) National Association of Insurance and Fin tee	ancial Advisors Political Ac	tion Co	mmit-						
Full Name (Last, First, Middle Initial)				Trans	action II	D : D8668	3		
Citizens for Action					of Disbur			·	
Mailing Address PO Box 1535				0 4	M / D	18	ž	0 0 6	Ť
City	State Zip Code			Amou	nt of Eac	h Disburs	sement	this Pe	eriod
Wilkes-Barre Purpose of Disbursement	PA 18703						5	000.00	0
Contr. Citizens for Action PAC (PAC to									
Candidate Name		Category Type	/						
Senate President X	ement For: 2006 Primary General Other (specify)			PAC)					
State: District: Annual Full Name (Last, First, Middle Initial)						- 500-			
3. Citizens for Gillmor				Date o	of Disbur			* V * .	v .
Mailing Address P.O. Box 150				0 ^M 4	M / D	20 /	ž	0 0 6	Y
City Old Fort	State Zip Code OH 44861			Amou	nt of Eac	h Disburs			
Purpose of Disbursement Contr. Paul E. Gillmor (OH-5-R-US House)							2	000.00	0
Candidate Name Paul E. Gillmor		Category Type	/						
Senate X President	ement For: 2006 Primary General Other (specify)								
State: OH District: 05									
Full Name (Last, First, Middle Initial) Citizens for Tom Petri					of Disbur		1		
Mailing Address P.O. Box 270				0 ^M 4	M / D	17	y y	0 0 6	Y
City Fond Du Lac	State Zip Code WI 54936			Amou	nt of Eac	h Disburs			-
Purpose of Disbursement Contr. Thomas E. Petri (WI-6-R-US House)							1	00.00	0
Candidate Name Thomas E. Petri		Category Type	/						
3 1	ement For: 2006 Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)			>				80	00.00	0
TOTAL This Period (last page this line number only			-						

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)		JR LIN heck or	E NUMBE	:K:	[P.	AGE 41	/ 50
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23	24 28c	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)	e and address of any political c	JOHIHH	ilee io s	OICI COITI	ibulions	TIOTII SUCTI	COMMINICE	
National Association of Insurance and Fin	ancial Advisors Political A	ction	Comm	nit-				
Full Name (Last, First, Middle Initial)				Trans	action l	D : D8694		
Collins for Senator						rsement	V * V * V	V
Mailing Address PO Box 1096				0 4	M / I	25	žoŏ	6
City	State Zip Code			Amou	ınt of Ea	ch Disburs	ement this	Period
Bangor Purpose of Disbursement	ME 04402			- [2500	0.00
Contr. Susan M. Collins (ME-R-US Senate)								
Candidate Name Susan M. Collins		Cate Typ						
Office Sought: House Disburs x Senate	ement For: 2008 Primary X General							
President	Other (specify)							
State: ME District:								
Full Name (Last, First, Middle Initial) 3- DAKPAC						D : D8686		
DARPAC				Date		rsement	YYY	Y
Mailing Address 420 C Street, NE/Lower	Level			0 4		2 1	žoŏ	6
City Washington	State Zip Code DC 20002			Amou	ınt of Ea	ch Disburs	ement this	Period
Purpose of Disbursement Contr. DAKPAC (PAC to PAC)			•				5000	.00
Candidate Name		Cate	norv/					
		Тур						
Office Sought: House Disburs Senate	ement For: 2006 Primary General							
President X	· -							
State: District: Annual								
Full Name (Last, First, Middle Initial) Darlene Hooley for Congress						D: D8682		
Mailing Address DO Day 2000				0 ^M 4	M / I	21 /	Ý ŽOŎ	6 Y
Mailing Address PO Box 2050								
City Salem	State Zip Code OR 97308			Amou	ınt of Ea	ch Disburs		
Purpose of Disbursement Contr. Darlene Hooley (OR-5-D-US House)		·	•	<u> </u>			4000	0.00
Candidate Name Darlene Hooley		Cate						
· -	ement For: 2006	,,,		1				
Senate X President	Primary General Other (specify) ▼							
State: OR District: 05								
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				11500	.00
TOTAL This Period (last page this line number only					• •			
I TIME THIS I SHOW (last page this line number only	,							

3 (CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		FOR LIN		:R:	L PA	AGE 4	2 / 50	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27	22 28a	X 23 28b	24 28c		25	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee									
۸.	Full Name (Last, First, Middle Initial) Friends of Dick Lugar Inc. Mailing Address 47 S Meridian Street/Suit	e 200			Date	saction ID: of Disburse		Ý Ž0	ŏ 6 °	
	•	State Zip Code IN 46204			Amou	int of Each	Disburse	ement th	his Peri	iod
	Purpose of Disbursement Contr. Richard G. Lugar (IN-R-US Senate)				L.			400	00.00	
	Candidate Name Richard G. Lugar Office Sought: House Disburse	ment For: 2006		tegory/ ype						
		Primary General Other (specify)								
3.	Full Name (Last, First, Middle Initial) Friends of John Boehner					saction ID: of Disburse				
	Mailing Address 7908-I Cincinnati Dayton	Road			0 ^M 4	M / D 1	9 /	ž 0	0 6 °	
	West Chester	State Zip Code OH 45069			Amou	int of Each	Disburse		his Peri	iod
	Purpose of Disbursement Contr. John A. Boehner (OH-8-R-US House) Candidate Name		Ca	tegory/			•	231	00.00	
	John A. Boehner			ype						
	X X	ment For: 2006 Primary General Other (specify)								
Э.	Full Name (Last, First, Middle Initial) Friends of John Boehner				Date	saction ID: of Disburse	ement			
	Mailing Address 7908-I Cincinnati Dayton	Road			0 ^M 4	M / D 1	9 /	ž0	0 6 °	
	West Chester	State Zip Code OH 45069			Amou	int of Each	Disburse		his Peri	iod
	Purpose of Disbursement Contr. John A. Boehner (OH-8-R-US House) Candidate Name		Ca	tegory/					00.00	
	John A. Boehner Office Sought: X House Disburse Senate	ment For: 2006 Primary X General		уре						
	President State: OH District: 08	Other (specify)								
S	UBTOTAL of Disbursements This Page (optional) .			•				900	00.00	
Т	OTAL This Period (last page this line number only)			•						

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)		LINE I k only	NUMBEF one)	₹:	P	AGE	43 / 50)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21	b Ľ	22 [28a	X 23 28b	24 28c	\vdash	25 29	26 30t
Any Information copied from such Reports and Staten									
or for commercial purposes, other than using the name	e and address of any political co	ninittee	to soli	cit contrib	outions fr	om such	comm	ıttee	
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Advisors Political Ac	tion Co	mmit-						
Full Name (Last, First, Middle Initial)				Transa	action ID:	: D8681			
Geoff Davis for Congress				Date of	f Disburs		v * v		
Mailing Address 3161 Dixie Highway, Sui	e F			0 4		21 /	' 2 (0 Ď 6	
City	State Zip Code			Amour	nt of Each	Disburse	ement	this Pe	eriod
Erlanger	KY 41018						1(0.00	0
Purpose of Disbursement Contr. Geoffrey Davis (KY-4-R-US House)				-					
Candidate Name Geoffrey Davis	-	Category Type							
X	ment For: 2006 Primary General Other (specify)								
State: KY District: 04									
Full Name (Last, First, Middle Initial)					action ID:				
Grassley Committee				Date of	f Disburs	ement	Y Y	Υ ,	Y
Mailing Address PO Box 1000				0 4	ຶ່ງ ′ ້ 2	20 /	20	0 Ď 6	
City Des Moines	State Zip Code IA 50304			Amour	nt of Each	Disburse	ement	this Pe	eriod
Purpose of Disbursement	30304		_				10	0.000	0
Contr. Charles E. Grassley (IA-R-US									
Candidate Name Charles E. Grassley		Category Type							
X Senate X President	ment For: 2010 Primary General Other (specify)			Senate	e)				
State: IA District:									
Full Name (Last, First, Middle Initial) Holden for Congress					action ID: f Disburs				
Mailing Address 502 Walnut Street				0 4	/ D	21	ž	0 Ď 6	Y
City Reading	State Zip Code PA 19601			Amour	nt of Each	Disburse	ement	this Pe	eriod
Purpose of Disbursement Contr. Tim Holden (PA-17-D-US House)				<u></u>			į	500.0	0
Candidate Name Tim Holden		Category Type	/						
	ment For: 2006 Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)			<u> </u>		•	• • •	25	00.00	0
SOBIOTAL OF DISDUISEMENTS THIS Page (optional)			<u> </u>	-	-				\dashv
TOTAL This Period (last page this line number only)			•	L.					

	SILDOLL B (I LOI OIIII 3X)	Use seperate schedule			FOR L (check		IUMBE	:K:			PAG	iE 44 /	50
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		F	21	b Ĺ	22 28a	Х	23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												
V O	NAME OF COMMITTEE (In Full)	le and address of any point	cai con		iiiiee i	O SOIIC	il Corti	ibut	10115 11	OIII S	uch co	mmuee	,
\rangle	National Association of Insurance and Fin	ancial Advisors Politica	al Acti	0	n Cor	nmit-							
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: D86	683		
Α.	Jim Gerlach for Congress Committee							_	isburs		nt	., .,	
	Mailing Address 911 Welsh Ayres Way						0 ^M 4	М		2 1	/ L	žoŏ	6
	City	State Zip Code					Amou	ınt o	f Each	n Disk	oursem	ent this	Period
	Downingtown	PA 19335					Τ.		-			2500	00
	Purpose of Disbursement Contr. James W. Gerlach (PA-6-R-US					7		-	-	-		2000	.00
	Candidate Name James W. Gerlach				egory/ ype	-							
	X	ement For: 2006 Primary General Other (specify)	al				Hous	e)					
_	Full Name (Last, First, Middle Initial)						Tuona		an ID	. Do	202		
В.	Lincoln Chafee for U.S. Senate						Date		ion ID isburs	emen		YY	Y
	Mailing Address PO Box 7329						0 4		2	25	L	žoŏ	6
	City Warwick	State Zip Code RI	_				Amou	ınt o	f Each	n Disb	oursem	ent this	
	Purpose of Disbursement Contr. Lincoln Chafee (RI-R-US Senate)						L.		-	•	-	2500	.00
	Candidate Name Lincoln Chafee				egory/ ype								
	Office Sought: House X Senate President Disburs	ement For: 2006 Primary X General Other (specify)			71								
	State: RI District:												
C.	Full Name (Last, First, Middle Initial) McNulty For Congress								on ID				
	Mailing Address PO Box 1560						0 ^M 4	М	/ D	1 7	/ Y	žoŏ	6 ^Y
	City Green Island	State Zip Code NY 12183					Amou	ınt o	f Each	n Disb	oursem	ent this	Period
	Purpose of Disbursement Contr. Michael R. McNulty (NY-21-D-US				•						-	1500	.00
	Candidate Name Michael R. McNulty				egory/ ype								
	Office Sought: X House Senate President Disburs	ement For: 2006 (Primary General Other (specify)	-!		<u>, r ~</u>		Hous	e)					
	State: NY District: 21												
s	UBTOTAL of Disbursements This Page (optional)					<u> </u>						6500	.00
Т.	OTAL This Period (last page this line number only	·)				•							

SCHEDOLL B (I LCI OIII 3X)	Use seperate schedule(s)		LINE k only	ODE)	H:		LPA	GE	45 / 50)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l è	1b Ľ	22 28a	X 23	3 Bb	24 28c	\blacksquare	25 29	26 30k
Any Information copied from such Reports and Stater										
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	ommudee	10 501	CIL COLL	ibution	S ITOITI	Sucri	OHIIII	lilee	
National Association of Insurance and Fin	ancial Advisors Political Ac	tion Co	mmit	-						
Full Name (Last, First, Middle Initial)				Trans	action	ID: D	8675			
Mel Watt for Congress Committee					of Disb					v .
Mailing Address PO Box 36831				0 4	/	20	ľ	2 (o ŏ 6	
City Charlotte	State Zip Code NC 28236			Amou	nt of E	ach Di	sburse	ment	this Pe	eriod
Purpose of Disbursement	20230		_					35	500.0	0
Contr. Melvin L. Watt (NC-12-D-US House)										
Candidate Name Melvin L. Watt		Category Type	//							
Senate	ement For: 2006 Primary General									
President State: NC District: 12	Other (specify) ▼									
Full Name (Last, First, Middle Initial)				Trans	action	. ID. D	8674			
3. Mike McIntyre for Congress				Date o	of Disb	ursem		Y	Y	Y
Mailing Address P.O. Box 1				0 4		20		2 () Ó 6	
City Lumberton	State Zip Code NC 28359			Amou	nt of E	ach Di	sburse			-
Purpose of Disbursement Contr. Mike McIntyre (NC-7-D-US House)								20	0.00	0
Candidate Name Mike McIntyre		Category Type	//							
9 1	ement For: 2006 Primary General Other (specify)									
State: NC District: 07										
Full Name (Last, First, Middle Initial) People With Hart					action of Disb	_				
Mailing Address PO Box 435				0 ^M 4	M /	^D 1 7	/ Y	ž (o ŏ 6	Y
City Wexford	State Zip Code PA 15090			Amou	nt of E	ach Di	sburse	ment	this Pe	eriod
Purpose of Disbursement Contr. Melissa A. Hart (PA-4-R-US House)		•		L.				30	0.00	0
Candidate Name Melissa A. Hart	-	Category Type	//							
	ement For: 2006 Primary General Other (specify)									
								85	00.00	0
SUBTOTAL of Disbursements This Page (optional)			_				-	00	JU.U	
TOTAL This Period (last page this line number only			•							

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		Check (:	LP	AGE	46 / 5	0	_
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		· -	X 23 28b	24 28c		25 29	_	6 0b
	y Information copied from such Reports and Statem										,	
or	for commercial purposes, other than using the name	e and address of any political	comr	nittee to	SOIICI	t contrib	utions ti	rom sucn	comr	nittee		_
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Advisors Political	Actio	n Com	mit-							
	Full Name (Last, First, Middle Initial)					Transa	ction ID	: D8658				
۹.	Price for Congress						Disburs					
	Mailing Address P.O. Box 425					0 4 M	/ D	1 ^D /7	Ý Ž	0 0̈ 6	Y	
	•	State Zip Code				Amount	of Each	n Disburs	emen	t this P	eriod	
		GA 30077					•	• • •	1	000.0	0	1
	Purpose of Disbursement Contr. Thomas E. Price, M.D. (GA-6-R-US									000.0		ı
	Candidate Name Thomas E. Price, M.D.			tegory/ ype								
	Office Sought: X House Senate President State: GA District: 06	ment For: 2006 Primary X General Other (specify)			ı	House)						
	Full Name (Last, First, Middle Initial)					T	-4: ID	- D0000				_
3.	Pryce for Congress						Disburs			V	V	
	Mailing Address 145 E. Rich Street					0 4	, ,	1 ^D /7	2	0 Ď 6		
	•	State Zip Code OH 43215				Amount	of Each	n Disburs				1
	Purpose of Disbursement Contr. Deborah Pryce (OH-15-R-US House)								. 2	2500.0	0	
	Candidate Name Deborah Pryce			tegory/ ype								
	Office Sought: X House Disburse Senate President State: OH District: 15	ement For: 2006 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial)					_						_
).	Richard E. Neal For Congress					Date of				V .	V	
	Mailing Address 76 Magnolia Terrace #71	8				0 4		1 ^D /7	2	0 Ď 6		
	•	State Zip Code MA 01108				Amount	of Each	n Disburs	-		-	1
	Purpose of Disbursement Contr. Richard E. Neal (MA-2-D-US House)								2	2500.0	0	
	Candidate Name Richard E. Neal			tegory/ ype								
	Office Sought: X House Senate President State: MA District: 02	ment For: 2006 Primary X General Other (specify)										
s	UBTOTAL of Disbursements This Page (optional) .			•	•				6	0.000	0]
					•					-		ĺ
T	OTAL This Period (last page this line number only)			🕨	•							

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE		R:	PA	GE 47/	50
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	• • • • • • • • • • • • • • • • • • • •						
۹.	Full Name (Last, First, Middle Initial) Schakowsky for Congress Mailing Address P.O. Box 5130			Date o	action ID: of Disburse		žoŏ	6 ^Y
	City	State Zip Code		Amou	nt of Each	Disburse	ment this	Period
	Purpose of Disbursement	IL 60204					2500	.00
	Contr. Janice D. Schakowsky (IL-9-D-US Candidate Name Janice D. Schakowsky		tegory/ Type					
	Office Sought: X House Senate President State: IL District: 09	ment For: 2006 Primary X General Other (specify)		House	;)			
3.	Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress				action ID: of Disburse			
	Mailing Address P.O. Box 11519			0 ^M 4	M / D2	1 / Y	200	6 ^Y
		State Zip Code WV 25339		Amou	nt of Each	Disburse		
	Purpose of Disbursement Contr. Shelley Moore Capito (WV-2-R-US			L.			2500.	.00
	Candidate Name Shelley Moore Capito		tegory/ Type	-				
	9 17	ment For: 2006 Primary General Other (specify)		House	;)			
Э.	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones for US Congress				action ID: of Disburse			
	Mailing Address 3729 Silsby Rd			0 4	M / D 2	^D / Y	žoŏ	6 ^Y
		State Zip Code OH 44118		Amou	nt of Each	Disburse	ment this	Period
	Purpose of Disbursement Contr.			<u> </u>			1000.	.00
	Candidate Name Stephanie Tubbs Jones		tegory/ ype					
	X	ment For: 2006 Primary General Other (specify)						
S	UBTOTAL of Disbursements This Page (optional) .		 ▶		-		6000.	00
T	OTAL This Period (last page this line number only)		 •					

		Use seperate schedule(s))		OR LINE check onl		H:		_ h	AGE	48 / :	50	
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		Ė	21b 27	22 28a	X	23 28b	24 28		25 29	26 30b	
	y Information copied from such Reports and State											s	
or	for commercial purposes, other than using the na	me and address of any politica	u com	nm	ittee to so	DIICIT CONTI	ibuti	ons tro	om sucr	1 comi	mittee		
$ \rangle$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fi	nancial Advisors Political	Δctic	on	Comm	it_							
L	tee	Tianciai Advisors i diffical	Actic	O1	Oommi	it-							
Α.	Full Name (Last, First, Middle Initial)								D8676	3			
Α.	Taylor for Congress						of Di	sburse	ement	V 1	/ · /	V	
	Mailing Address PO Box 2355 22 South Pack Square/Suite 201					0 4	101 /	2	ġ Ŏ	2	ž o ŏ e	3	
	City	State Zip Code					nt of	Each	Disbur	semer	nt this f	Period	
	Asheville Purpose of Disbursement	NC 28802	ı								500.	00	
	Contr. Charles H. Taylor (NC-11-R-US										-		
	Candidate Name Charles H. Taylor				egory/ /pe								
	X	sement For: 2006 X Primary General Other (specify)	•			House)							
	Full Name (Last, First, Middle Initial)					_							
В.				Date		sburse			/ * V *	V			
	Mailing Address P.O. Box 99667					0 4	/	2	2 4 /	2	žοŏε	3	
	City Raleigh	State Zip Code NC 27624				Amount of Each Disbursement this Per					-		
	Purpose of Disbursement Contr. Walter B. Jones, Jr. (NC-3-R-US						_	-			2000.	00	
	Candidate Name Walter B. Jones, Jr.				egory/ /pe								
	Senate President	sement For: 2006 X Primary General Other (specify)	•			House)							
	State: NC District: 03												
C.	Full Name (Last, First, Middle Initial) Westmoreland for Congress					Date	of Di	sburse					
	Mailing Address P.O. Box 458					0 4	M /	^D 2	5 /	ž	ž o ŏ e	3	
	City Sharpsburg	State Zip Code GA 30277				Amou	nt of	Each	Disburs				
	Purpose of Disbursement Contr. Lynn A. Westmoreland (GA-8-R-US					L.					1500.	00	
	Candidate Name Lynn A. Westmoreland				egory/ /pe								
	Office Sought: X House Disbut	xsement For: 2006 X Primary General Other (specify)	I	ر.	1 -	House	э)						
	State: GA District: 08												
s	UBTOTAL of Disbursements This Page (optional	l)	<u></u>							4	000.	00	
Т	OTAL This Period (last page this line number on	ly)			•					75	500.0	00	
		• •					-			_			

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 49/50							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22 23 24 25 26 X 28a 28b 28c 29 30b							
	y Information copied from such Reports and Sta for commercial purposes, other than using the r										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
	National Association of Insurance and Financial Advisors Political Action Committee										
	Full Name (Last, First, Middle Initial)			Transaction ID: D8679							
٩.	Mr. Rick Steiman	Date of Disbursement									
	Mailing Address 7702 E Doubletree Ra	nch Rd., Suite		044 / 20 / 42006							
	City	State Zip Code		Amount of Each Disbursement this Period							
	Scottsdale	AZ 85258									
	Purpose of Disbursement Refund to Individual			50.00							
	Candidate Name		Category/ Type								
	Office Sought: House Disb	rsement For:									
	Senate	Primary General									
	President	Other (specify)									
	State District										

SUBTOTAL of Disbursements This Page (optional)					 50.00
TOTAL This Period (last page this line number only)	<u> </u>				50.00

(Use separate schedule(s)

PAGE 50 / 50

FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Commit-A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc NAIFA Mailing Address 2901 Telestar Court ZIP Code City State Falls Church VA 22042-1205 Outstanding Balance Beginning This Period Transaction ID: DD#7711 24468.13 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 27500.59 0.00 51968.72 51968.72 1) SUBTOTALS This Period This Page (optional)..... 51968.72 2) TOTALS This Period (last page this line number only).....